# MULTIPLE DEPENDENT CLAIM
## FEE CALCULATION SHEET
### (FOR USE WITH FORM PTO-875)

| SERIAL NO. | | FILING DATE |
|---|---|---|
| APPLICANT(S) | | |

## CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|---|---|---|---|---|---|---|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 11 | | | | | |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS